Dept 2/11/08 received

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DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD12-0040	A. BUILDING _____ B. WING _____	01/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE 2008 FEB 11 A 10:34
CARLS PLACE	404 NEWCOMB ST, SE WASHINGTON, DC 20032

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I 000	INITIAL COMMENTS A monitoring visit was conducted on January 23, 2008 sesequent to the annual licensure survey completed on November 11, 2007, to verify corrective actions identified in the facility's submitted plan of correction. The finds of this survey were based on observations at the group home, interviews with management and residential staff, and review of records both clinical and administrative as well the review of the presented plans of correction revealed that the provider failed to implement the necessary actions to abate the deficiences cited throughout this report.	I 000		
I 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that the prescribed modified diet are being monitored quarterly by a dietitian fore the two residents in the sample. (Resident #2) The finding includes: The GHMRP alleged that by 1/30/08 the following actions would be taken to address Resident #2's nutritional needs in the plan of correction dated 11/01/07 licensure survey: The POC alleges that Resident #2's nutritional assessment would be completed and nutritional oversight would be provided quarterly as required	I 043	A Nutrition Consultant has been hired. Annual assessment for person # 2 has been completed. Physician order will reflect the current nutrition order.	2-15-08

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE CEO (X6) DATE 2-11-08

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I 043	Continued From page 1 in this section of the regulation. Interview with the Residential Director (RD) on January 23, 2008 at approximately 11:25 AM revealed that Resident #2 is prescribed an 1800 calorie diet, low sodium diet, low fat diet an has a diagnosis of obesity and anemia. Further interview with the RD revealed that she has made contact with the Nutritional consultant, however, she has not been provided a date and time as to when the required nutritional consultation will occur. Review of the medical records revealed that the last monitoring by the nutritional consutant was completed in August of 2007. Note: It should be noted that the primary care physician's orders and diet orders were not current. The physician's orders reflected a September 2007 date at the time of the monitoring visit. This is a repeat deficiency.	I 043		
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to emplcyment and annually thereafter,	I 206		

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I 206	Continued From page 2 provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties. The findings include: Interview with the Qualified Mental Retardation Professional and review of the GHMRP's personnel files on January 23, 2008 at 2:00 PM revealed the GHMRP failed to provide evidence that current health certificates were not on file for one (1) new direct care staff (MB) and the newly hired Registered Nurse. This is a repeat deficiency.	I 206	Staff health certification and employee are currently being updated. A system for flagging employee health and training are now implemented.	2-25-08
I 221	3510.2 STAFF TRAINING Orientation training shall be the responsibility of each GHMRP and shall be documented in each employee ' s personnel folder. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that all staff received their initial orientation training. The finding includes: Interview with the facility's Residential Director (RD) on Janaury 23, 2008 at approximately 2:10 PM revealed that the several direct care were recently employed by the agency. Review of the available training manual failed to reflect that any of the new staff had participated in orientation training prior to or after employment as required	I 221		

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I 221	Continued From page 3 by the agency's policies and procedure. Interview with the facility's owner via the telephone revealed that "a large portion of the orientation trainihg was provided by the Department of Disability Service", however, the facility owner was unable to provide documented evidence to confirm the new staff's participation in the training. Review of the GHMRP inservice training book failed to evidence that internal orientation training, [i.e. agency policy and procedures, client habilitation and programming, agency personnel policies, etc.] was documented and was available for review by the regulatory agency.	I 221	Staff training on Documentation, Person's Rights, BSP, Policy and Procedures, ISP, Incident Reporting	2-7-08
I 222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to have evidence of on-going in-service training for direct care staff. The finding includes: The facility failed to ensure new direct care staff employed with the agency's provided orientation on the agency policies and procedures. Also deficiency 3510.5 (a)	I 222	New staff will receive orientation training before beginning shift assignments.	2-7-08
I 224	3510.5(a) STAFF TRAINING Each training program shall include, but not be limited to, the following:	I 224		

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I 224	Continued From page 4 (a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills; This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that new staff received training on the health and well-being requirements of caring for the mentally retarded. The finding includes: Interview with the Residential Director on Janaury 23, 2008 at approximately 2:20 PM and review of the inservice record revealed that none of the new staff hired since the November 1, 2008 licensure survey received training specific to the overview of mental retardation and its corresponding service needs to ensure the health and well-being of its residents.	I 224	Staff trained on Mental retardation and Developmental Disabilities	2-6-08
I 225	3510.5(b) STAFF TRAINING Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle (birth to death); This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure effective training was provide to each staff. The finding includes:	I 225	Staff training on Human development is scheduled.	2-23-08

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I 225	Continued From page 5 The GHMRP alleged that by 12/05/08 the following actions would be taken to address training needs outlined in the plan of correction dated 11/01/07 licensure survey: Review of the training records on November 2, 2007 revealed that the GHMRP failed to provide training in Human Development. On January 23, 2008 at approximately 2:30 PM, interview with the RD and the review of the inservice traininig records failed to reflect that trianing in the area of Human Development had been completed as detailed in the plan of correction. This is a repeat deficiency.	I 225		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need. The finding includes: The GHMRP alleged that by 12/05/08 the following actions would be taken to address training needs outlined in the plan of correction dated 11/01/07 licensure survey:	I 229	Specialty training for persons BSP, Sexuality, Nutrition, recreation, and communication needs are scheduled and will be completed in all domains.	2-25-08

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I 229	Continued From page 6 Review of the training records on November 2, 2007, the GHMRP failed to provide training on behavior management and human sexuality. On January 23, 2008 at approximately 2:30 PM, interview with the RD and the review of the inservice traininig records failed to reflect that training in the area of behavior management and human sexuality had been completed as detailed in the plan of correction. This is a repeat deficiency.	I 229		
I 231	3510.5(h) STAFF TRAINING Each training program shall include, but not be limited to, the following: (h) Orientation programs for each new employee which shall include philosophy, organization, programs, practices and goals of the GHMRP as well as a review of applicable laws, regulations and agreements important to the operation of the GHMRP for the care and treatment of persons with mental retardation in the District of Columbia; and... This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence on training on its policies. The finding includes: The GHMRP failed to have on file orientation inservice training records of three new direct care staff to include: [TW, MB and TB].	I 231	New staff will receive orientation training before beginning shift assignments. This training includes the company's policies and procedures.	2-7-08

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I 271	Continued From page 7	I 271		
I 271	3513.1(b) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records: (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of all staffs personnel records. The finding includes: Interview with the Residential Director and review of the personnel files on January 23, 2008 revealed that the GHMRP failed to provide evidence of personnel files for the one direct care staff. [MB]	I 271	Company has implemented a procedure to maintain company personnel files.	2-25-08
I 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident ' s health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview record review, the GHMRP	I 379		

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I 379	Continued From page 8 failed to ensure the Department of Health, was notified of unusual incidents or events that substantially interfered with each resident's health and welfare within twenty-four hours or the next work day. The finding includes: Interview with the medication nurse and the residential director revealed that Resident #4 was taken from the home by four police officer during an agressive/vollent outburst on January 15, 2008. Further interview revealed that the Resident #4 was admitted to the St. Elizabeth emergency psychiatric facility for assessment and treatment. According to the RD Resident #4 will not be returning to the facility. Reportedly the Department of Disability Services Case Manager was made aware of the incidents and is in communication with the provider to tranfer the residents medication and personal property once the client has been stabilized. Review of the GHMRP incident management system did not reflect that a incident report was completed on the this incident. During the monitoring visit, there was no documented evidence that the group home had notified the governmental agency in accordance with this regulatory requirement.	I 379	Incident Reporting In service for all staff and administrator completed. The training included reporting incidents to all governing agencies.	2-7-08
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The	I 395		

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I 395	Continued From page 9 professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure its nurses had current licenses on file. The finding includes: On January 23, 2008 at approximaltey 1:15 PM, interview with the facility's owner vla telephone revealed that recently a Registered Nurse was hired to provide nursing oversight for the group home. Accordind to the interview the plan of correction date 11/1/07 indicated that RN came on duty to provide nursing assessments, self-medication assessment and would ensure that each residents medical records would be updated quarterly. Review of the resident record did not evidence any nursing notes and updated had been completed for the past three months as indcated in the plan of corrections. Review of the consultants personnel records failed to evidence that the providers has current consultants personnel records on file to include the new nurse license. This is a repeat deficiency	I 395	Company has contracted with a Program Director to oversee habilitation of persons' served. Company is currently in negotiation with RN nurse completion person medical assessments to be completed shortly with on going quarterly reviews. Company will also secure consultant licenses and health certifications.	2-25-08

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I 401	Continued From page 10	I 401		
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provided diagnosis, evaluation, treatment services and necessary follow up service to prevent deterioration or further loss of functioning for each resident in the facility. The finding includes The GHMRP alleged that by 12/05/07 the following actions would be taken to address Resident #4's dental needs in the plan of correction dated 11/01/07 licensure survey: Review of Resident #4's medical record on November 2, 2007 revealed that he was evaluated by the Dentist on December 19, 2006. The consultation reflected that the resident had moderate calculus deposits and needed scaling. The dentist indicated that a treatment plan would be submitted to Medicaid Waiver for approval. The chart lacked evidence that a Resident #4 has received the recommended scaling, or had been re-evaluated by the dentist since December 2006. Interview with the Residental Director and review of Resident #4's medical records on Janaury 23, 2008 did not evidence that a Dental consultationd had been completed detailed in the plan of correction.	I 401	Administrator will contact DDS Medicaid Waiver and will follow up with Dentist for completion of person # 4 dental necessity.	2-25-08

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I 401	Continued From page 11 This is a repeat deficiency.	I 401		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to provide treatment and services in accordance with tthree of the one residents' Individual Habilitation Plans. (Resident #4) The findings include: The GHMRP alleged that by 12/05/07 the following actions would be taken to address Resident #4's maladaptive behaviors and supports in the plan of correction dated 11/01/07 licensure survey: Review of the Resident #4's medical record on November 1, 2007 at approximately 2:00 PM, revealed that the resident receives the following psychotropic medications: Prozac 10 mg QHS and Gabapenlin 200 mg QAM. Review of the psychotropic medication review sheet dated March 1, 2007 reveled a recommendation that the resident needs a Behavior Support Plan (BSP) developed. Interview with the House Manager indicated that he would contact the Developmental Disability Services (DDS) Case Manager to ascertain a BSP. However at the time of the survey, the GHMRP failed to provide a BSP as requested by the psychiatrist and required by law.	I 422	Administrator is pursuing along with DDS Medicaid Waiver a Psychologist/ Behavior Specialist for person # 4 Behavior Support Program to address and monitor Person # 4 BSP.	2-25-08

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I 422	Continued From page 12 Interview with the Residental Director and review of Resident #4's habilitation records on Janaury 23, 2008 did not evidence that a Behavior Support Plan was developed and being implemented as detailed in the plan of correction. This is a repeat deficiency.	I 422		
I 423	3521.4 HABILITATION AND TRAINING Each GHMRP shall monitor and review each resident ' s Individual Habilitation Plan on an ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure each resident's Individual Habilitation Plan had been monitored to make certain each resident participated and the plans were revised as needed. The findings include: The GHMRP alleged that by 12/05/07 the following actions would be taken to address Resident #1's program participation and monitoring of his habilitation as described in the submitted plan of correction dated 11/01/07 licensure survey: Review of Resident #2's IPP on November 2, 2007 at approximately 11:00 AM, revealed the following objectives:	I 423	Administrator has contracted with Program Director to monitor training, Incident Reporting, and person habilitation.	2-1-08

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I 423	Continued From page 13 a. "[The resident] will be able to follow the steps of vacuuming, independently." Review of the data sheet from May 2006 through September 2007 revealed that the resident was independent on all trials performed. Record verification of the data sheets indicated that the resident achieved the established criteria since May 2006. b. "[The resident] will be able to follow the steps of washing clothes, independently." Review of the data sheet from November 2006 through September 2007 revealed that the resident was independent on all trials performed. Record verification of the data sheets indicated that the resident achieved the established criteria since November 2006.	I 423	a. This program will continue informally b. This program will continue informally.	2-7-08 2-7-08
I 436	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of its residents in the area of self-medication administration. The finding includes: The GHMRP alleged that by 12/05/07 the	I 436		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD12-0040	A. BUILDING _____ B. WING _____	01/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLS PLACE	404 NEWCOMB ST, SE WASHINGTON, DC 20032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 436	Continued From page 14 following actions would be taken to address Resident #2's program participation and monitoring of his habilitation as described in the submitted plan of correction dated 11/01/07 licensure survey: The GHMRP failed to train Resident #2 in self medication. Review of Resident #2's IPP dated May 17, 2007 revealed no evidence of a self medication objective. On Janaury 23, 2008, interview with the medication nurse at 3:00 PM revealed that none of the client are particiapting in a self-medication objective. According to the nurse no self-medication assessment were in the habilitation records and the RN is the responsible person for assessing each resident for a self-medication program.	I 436	Programs will be amended to address to address nutrition, self medications, self help skills pertaining to use and care of adaptive equipment. Administrator is currently pursuing contract with RN	3-1-08 2-15-08

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R 000	INITIAL COMMENTS A monitoring visit was conducted January 23, 2008 sesequent to the annual licensure survey completed on November 11, 2007, to verify corrective actions identified in the facility's submitted plan of correction. The finds of this survey were based on observations at the group home, interviews with management and residential staff, and review of records both clinical and administrative as well the review of the presented plans of correction revealed that the provider failed to implement the necessary actions to abate the deficiences cited throughout this report.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. The finding includes: Review of the personnel records on January 23, 2008 at 12:30 PM revealed that the GHMRP	R 125	Administrator will assure that background checks are completed and filed in all employees records	3-1-08

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R 125	Continued From page 1 failed to provide evidence that ensured criminal background checks were on file for one direct care staff (MB).	R 125		

POC WAITING APPROVAL

Provider: Carl's Place	Date of POC: 2/11/08
Address: 404 Nantucket St SE	Survey Date: 1/23/08
Surveyors: [illegible]	Date: 2/11/08

☑ **Approval Date** 2/11/08

☐ **Not Approved Date** _____

☐ **Revisit Needed**
- ☐ 1st
- ☐ 2nd

☐ Additional information needed
- ☐ Requested Information
- ☐ Telephoned
- ☐ Awaiting Fax

_____Estimated Date of Receipt

Comment: